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CONFIRMATION NO. 6166

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
09/524,027	03/13/2000	602	3743	14072-00
	RULE			

## APPLICANTS

Robert Edward Burrell, Alberta, CANADA;  
 Hua Qing Yin, Alberta, CANADA;

## \*\* CONTINUING DATA \*\*\*\*\*

None known

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None known

## IF REQUIRED, FOREIGN FILING

LICENSE GRANTED \*\* 05/12/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 2	TOTAL CLAIMS 42	INDEPEN CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Kan</i> Initials				

## ADDRESS

26161

## TITLE

TRANSCUTANEOUS MEDICAL DEVICE DRESSINGS AND METHOD OF USE

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Process Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other
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